

SSA MMREF File Layout for SC Department of Employment and Workforce
March 7, 2012

There are no format changes, except the naming conventions below.
This is to bring into line with our current procedures.

We accept Diskettes, CD's and Internet uploads (please contact us for the Sites)

Data must be recorded in the American Standard Code for Information Interchange-1 (ASCII-1) character set. Each record in a file **MUST** be 514 characters in length. ***This is 512 Bytes of information followed by the by carriage return (CR – ASCII Chr 13) and line feed (LF – ASCII Chr 10) characters***

Naming Conventions: The file name is not mandated but must end with a .txt extension and it MUST be in the root directory of the Diskette or CD

On the external label please have at a minimum

Account number or FEIN if filed by a Third Party (Payroll Company, CPA, etc)
Contact name
Contact Phone # (with any extensions)
Contact Email

If we can not process the file the above information is our only way of contacting you. Files that can not be processed are subject to penalties and interest.

- I. Type **RA** record: This is the first record of the file, and there is only one per file.
This contains identifying and contact information about the submitter.

	Position	Data/Value	Comments
1.	1-2	"RA"	Record Identifier
2.	3-35	33 Spaces	Leave Blank
3.	36-37	Software Code	Enter one of the two following codes to indicate the software used to create your file: 98 In-House Program 99 Other **
4.	38-216	179 Spaces	Leave Blank
5.	217-273	Submitter Name	Enter the name of the organization that should receive notice if data cannot be processed. Left justify and fill with blanks
6.	274-295	Submitter Location Address	Enter the location address (Attention, Suite, Room number, etc.) for the submitter name—physical location address. Left justify and blank fill.
7.	296-317	Submitter Delivery Address	Enter the delivery address (Street or Post Office Box) for the submitter name—

			Postal address. Left justify and blank fill.
8.	318-339	Submitter City	Enter the City for the submitter name. Left justify and blank fill.
9	340-341	Submitter State Abbreviation	Enter the State for the submitter name. Left justify and blank fill.
10.	342-346	Submitter Zip Code	Enter a valid Zip Code. For a foreign address leave blank.
11.	347-395	49 Spaces	Blank
12.	396-422	Contact Name	Enter the name of the person to be contacted by SCESC concerning problems about submission. Left justify and blank fill.
13.	423-437	Contact Phone Number	Enter the phone number of the person to be contacted by SCESC concerning problems about submission. Left justify and blank fill.
14.	438-499	62 Spaces	Blank
15.	500	Prepared by Code	Enter one of the following codes to indicate who prepared this file: “A” Accounting Firm “L” Self-Prepared “S” Service Company “P” Parent Company “O” Other
16.	501-512	12 Spaces	Blank

- II. Type **RE** Record. There is one record for each employer being submitted. This record contains identifying information for each employer. All the fields should be the same as what is listed with SCESC.

	Position	Data/Value	Comments
1.	1-2	“RE”	Record identifier
2.	3-6	Year, format: YYYY	The year for which the report is being prepared.
3.	7-39	33 spaces	Leave blank
4.	40-96	Employer Name	Name of the employer.
5.	97-118	Employer Street Address	Street Address of the employer.
6.	119-140	Delivery Address	Delivery address of the employer.
7.	141-162	City	City of the employer.
8.	163-164	State Abbreviation	State of the employer.
9.	165-169	Zip Code	Zip code of the employer.
10.	170-173	Zip Code Extension	Zip code extension of the employer.
11.	174-218	45 spaces	Leave blank.
12.	219	Employment Code	Enter the appropriate code: “A” Agriculture

	Position	Data/Value	Comments
			"H" Household "M" Military "Q" Medicare Qualified Government Employment "X" Railroad "R" Regular (All others)
13.	220-512	293 Spaces	Blank

III. Type **RS** Record. There is one record for each employee being reported for each employer.

	Position	Data/Value	Comments
1.	1-2	"RS"	Record identifier
2.	3-4	State Code	Constant, "45" for South Carolina.
3.	5-9	5 spaces	Leave Blank
4.	10-18	Social Security Number	Social Security number. If unknown, enter zeros (0).
5.	19-33	Employee First Name	Employee's first name. No punctuation
6.	34-48	Employee Middle Initial/Name	Employee's middle initial or middle name. No punctuation
7.	49-68	Employee Last Name	Employee's last name. No punctuation
8.	69-72	Suffix	If applicable, employee's alphabetic suffix (ex. Sr., Jr., etc.).
9.	73-196	124 spaces	Leave blank
10.	197-202	Reporting Period	Enter the last month and year for the calendar quarter for which this report applies (ex. "032002" for January-March of 2002).
11.	203-213	State Quarterly Unemployment Insurance Total Wages	Total reportable wages. Right justify and zero (0) fill without commas or decimal places (ex. \$1,500.78 = 00000150078).
12.	214-224	State Quarterly Unemployment Insurance Total Taxable Wages	Total taxable wages which are less than or equal to the taxable wage base. Right justify and zero (0) fill without commas or decimal places (ex. \$1,500.78 = 0000150078).
13.	225-247	23 spaces	Leave blank
14.	248-253	State Employer Account Number	Six digit employer account number on file with SCESC. Right justify and zero (0) fill. If account number is like 12345-1 then use 012345, if like 234567-1 then use 234567. DO NOT USE SUFFIX
15.	254-512	259 spaces	Leave blank

- IV. Type **RT** Record: There is one of these records for each Employer being reported. This record corresponds to the “RE” record; where the “RE” record marks the beginning of data for each employer, the “RT” record marks the end.

	Position	Data/Value	Comments
1.	1-2	“RT”	Record identifier.
2.	3-9	Number of Employees (count of RS records) for Employer	Enter the total number of employee records reported since the last employer record. Right justify and zero fill.
3.	10-512	503 spaces	Leave blank

- I. Type **RF** Record. There is one of these records at the end of the file. This record corresponds to the Type "RA" record; the type “RA” record marks the beginning of the file, and the Type “RF” record marks the end.

	Position	Data/Value	Comments
1.	1	“RF”	Record identifier
2.	3-9	Total Number of “RS” Records for all Employers	Enter the total number of employee records reported for all employer records. Right justify and zero fill

The records are written to the file in the following sequence:

- RA (RA record for the submitter)
 RE (RE record for first employer)
 RS ... RS record for first individual employee of this employer
 RS ... RS record for next individual employee of this employer
 This sequence continues until all employees for this employer have been listed.
 RT (RT record for first employer)
 RE (RE record for next employer)
 RS ... RS record for first individual employee of this employer
 RS ... RS record for next individual employee of this employer
 This sequence continues until all employees for this employer have been listed.
 RT (RT record for this employer)
 This sequence continues on multiple employers until all employers have been reported.
 Repeat RE, RS, RT sequence for all employers and their employees.
 RF (RF record written after the last RT record in the file)

Please note sections of law quoted below

Section 41-31-350 of the Law provides (in part) if any employer fails to file any report as required of him, the Commission shall assess upon the employer a penalty of ten percent of the contributions due but no less than twenty-five or more than one thousand dollars which is in addition to the contributions payable with respect to the report

Section 41-31-160 Amended, of the Law provides (in part) effective with the quarter ending March 31, 2005, every employer with one hundred or more employees and every individual or organization that as an agent, reports wages on a total of one hundred or more employees on behalf of one or more subject employers, shall file that portion of the 'Employer Quarterly Contribution and Wage Reports' containing the employee's social security number, name and total wages on magnetic tapes, diskettes or electronically, in a format approved by the commission.